

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1						51		
2		1				52		
3		1				53		
4		1				54		
5		1				55		
6	1					56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	C		↓		↓	TOTAL IND.	↓	
TOTAL DEP.	1		↔		↔	TOTAL DEP.	↔	
TOTAL CLAIMS	6					TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS